AS OF 10/31/00	MEDICALD	KON DATE 10/20/00						
	TITLE XIX 1	REPORT OF EXP	ENDITURES					
		(BY CATEGORY OF SERVICE)					
(FISCAL YTD TOTALS AS OF 10/31/06)								
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL				
	SERVED	CLAIMS	SERVICE	PAYMENT				
INPATIENT	58,102	25,349	149,606	\$121,299,669.19				
OUTPATIENT	241,675	304,555	8,838,401	\$58,615,477.58				
CHILD PART HOSP	2	0	0	\$483.02-				
CHILD DAY TREATMENT	0	0	0	\$0.00				
ADULT PART HOSP	0	0	0	\$0.00				
ADULT DAY TREATMENT	1	2	46	\$709.32				
SKILLED NURSING FACILITY	1,855	2,990	35,964	\$6,468,918.07				
INTERMEDIATE CARE FACILITY	15,965	56,001	1,615,594	\$144,040,858.03				
INTER CARE MENTAL RETARDA	2,222	8,775	259,872	\$83,675,963.10				
NURSING FAC FOR MENTAL ILL	43	137	4,059	\$939,701.53				
HOME HEALTH	17,046	47,432	822,340	\$31,547,717.46				
LEAD INSPECTION AGENCY	50	53	54	\$21,499.08				
PHYSICIAN	221,905	920,413	1,333,819	\$95,935,028.05				
CLINIC SERVICES	46,322	99,101	90,294	\$11,223,014.82				

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56,567

13.916

11,489

6,769

2.969

39,675

65,320

19.877

502,966

130,051

83,652

13,457

3,628

7,783

109,974

51,108

57,094

21.647

2,981

5,962

8,487

1.193

243

64,595

71,609

12.558

17,410

2

56,902

1,119,985

n

0

n

1,387,913

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93,573

11,328

5,304

39,926

65,220

19,877

502,932

56,902

987,739

118,693

16,635

140,068

111.610

53,814

71,689

26,799

78,546

159,657

21.211

239,775

24.344

13,400

2,466,575

1,379,354

410,369

6.343.389

1,119,985

244,419

663,421

1,240,390

q

69,292

3,153

8,476

1,953

188,956

20,330

49,626

5.919

6,432

36.033

28,143

3,105

1,429

72,408

38,141

17,095

13.049

644

754

6.399

2,301

9,434

9,137

2,431

267

45

2

714

148,702

297,861

729

0

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IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 10/28/06

\$3,368.77

\$1,684,158.42

\$12,431,852,77

\$1,286,905.22

\$2,909,519.57

\$74,089,991.29

\$2,744,807.89

\$5,264,640.52

\$3,129,884.21

\$1,005,742.08

\$2,467,300.35

\$4,894,189.61

\$3,427,159.58

\$9,045,829.66

\$2,816,781.45

\$1,750,607.97

\$1,020,683.65

\$4,144,157.57

\$1,833,522.55

\$86,936,367.35

\$15,412,164.82

\$6,402,973.73

\$755,974.86

\$670.826.82

\$693.052.12

\$134,712.11

\$15,236,175.97

\$5,014.25

\$735,753.80

\$14,017,379.68

\$32,141,082.80

\$112,839,47

\$0.00

\$0.00

\$3.51-

\$763.06-

1

IAMM2200-R003 (MR-0-12)

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

AS OF 10/31/06

IAN	IM22	00-	R003	(MR-O-12)
AS	OF	10/	31/06	;

* ALL CATEGORIES *

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 10/28/06

TOTAL PAYMENT

\$10,357,624.61

\$877,374,439.57

\$4,044,087.41

\$0.00

PAGE 2

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 10/31/06)

40,954

0 5,453,544 29,919,436 *** END OF REPORT *** 0

42,441

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CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0

10,427

2,306

403,257